

L16000128991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 22 PM 6:06

Notice

MAY 02 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL BUSINESS TRAVEL LLC

DOCUMENT NUMBER: L16000128991

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H. Brown, Esq.

(Name of Contact Person)

Blount Law, PL

(Firm/Company)

809 Walkerbilt Road, Suite 6

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Brown

(Name of Contact Person)

at (239)

(Area Code)

592-4815

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Global Business Travel, LLC

Document number of Limited Liability Company is: L16000128991

Date of dissolution was: 10/29/2018

Description of information that must be included in a written claim:

Name and address of claimant, and amount remaining due on said claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

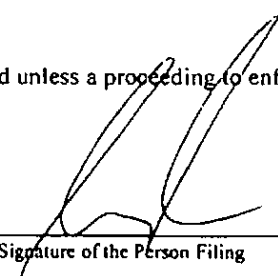
Joseph H. Brown, Esq.

809 Walkerbilt Road, Suite 6

Naples, FL 34110

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LUTE LEVENT
Printed Name of the Person Filing


Signature of the Person Filing

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Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00